

EXHIBIT 1

February 13, 2019

VIA ELECTRONIC MAIL AND OVERNIGHT MAIL

Ms. Danielle Lewis
PG&E Corporation
245 Market Street, 5th Floor
San Francisco, CA 94105
Email: dpl10@pge.com

PG&E Corporation Reclamations Demands
c/o Prime Clerk LLC
850 3rd Avenue, Suite 412
Brooklyn, New York 11232

Stephen Karotkin
WEIL, GOTSHAL & MANGES LLP
767 Fifth Avenue
New York, NY 10153-0119
stephen.karotkin@weil.com

Re: *In re PG&E Corporation, et al.*, Case No. 19-30088 (Jointly Administered)

Dear Ms. Lewis and Mr. Karotkin:

I am writing on behalf of Sabre Industries, Inc. ("Sabre") a supplier of goods, in the form of infrastructure products to the above-captioned debtors and debtors in possession (collectively, the "Debtors"). Prior to January 29, 2019 (the "Petition Date"), the Debtors received, in the ordinary course of business, certain goods from Sabre for which Sabre has not received payment. Accordingly, Sabre hereby asserts certain claims, rights and remedies with respect to those unpaid goods.

Pursuant to all applicable provisions of the Uniform Commercial Code, including without limitation section 2-702, section 546(c) of the United States Bankruptcy Code, and any applicable common law, Sabre hereby makes a reclamation demand upon the Debtors for all goods delivered by Sabre to the Debtors between December 14, 2018 and the Petition Date (the "Reclamation Goods"). Specifically, as set forth in the chart attached hereto as Exhibit A, the Debtors received no less than \$371,556.80 in Reclamation Goods from Sabre in the 45 days prior to the Debtors' bankruptcy filings.

Sabre makes this demand for reclamation without prejudice to all other rights and remedies available to it, at law or in equity, including, but not limited to, its right to an allowed administrative expense claim under 11 U.S.C. § 503(b)(9) for the value of all goods received by the Debtors within twenty days before the Petition Date. Sabre expressly reserves the right to modify, amend and/or supplement the demands made herein.

February 13, 2019
Page 2

Please contact the undersigned for the instructions for the immediate return of the goods subject to this reclamation demand. You are further notified that all goods subject to Sabre's rights of reclamation should be immediately segregated by the Debtors and not used for any purpose.

Very truly yours,



Timothy A. Rossetti
EVP, CFO and CAO
Sabre Industries, Inc.

cc: Samuel Becker (Becker@BlankRome.com)

Attachments: Exhibit A

Exhibit A

Order #	Bid #	Invoice #	Invoice Date	PO #	Invoiced Amounts	Ship Date	Arrival Date	Ship-To Address
19-418351	19-14438	540504	12/31/2018	3501176011	\$ 4,550.63	12/14/2018	12/18/2018	Fall River Mills, CA
19-418579	19-14468	541757	1/15/2019	3501176827	\$ 66,335.35	12/26/2018	1/2/2019	Oroville, CA
19-418687	19-14469	541758	1/15/2019	3501176846	\$ 96,103.53	12/26/2018	1/2/2019	Oroville, CA
19-418762	19-14470	542141	1/17/2019	3501176797	\$ 105,571.01	12/26/2018	1/7/2019	Oroville, CA
19-418823	19-14471	542142	1/17/2019	3501176792	\$ 73,879.47	12/26/2018	1/7/2019	Oroville, CA
Total					\$ 346,439.99			
Sales Tax					\$ 25,116.81			
Grand Total					\$ 371,556.80			

Sabre Industries**BILL OF LADING - Short Form. Not Negotiable**

308884

Name of Carrier: CH ROBINSON	Carrier Number: 300-311-2130 x 13	BOL No. NSE 308884
Carrier Code: RBTW	Pick-Up Date and Time: 12/14/18	Delv. Date and Time: 12/18/18 00:00
TO Consignee: PG&E	From Shipper: Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street: 21500 Pil Powerhouse Rd		
City/State: Irving, TX 76038		
Delivery/Special Instructions: Cameron Champion 530-360-6325		CH ROBINSON 2351 CONNECTICUT S SIE 300 SARTELL MN 56377

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	0 Load# 0	2,668	0
	0		
0		0	
1	118351 1 1 Customer PO: 3501176011 PO Ln: 1 118351 3538 1	1,281	
1	118351 1 1 Customer PO: 3501176011 PO Ln: 1 118351 3538 B	1,387	
	SO#418351 PO#3501176011 Project name- PO# 3501176011 WPL Blvd Pole		
	Please call 800-344-4007 24 hours before delivery between the hours of 8AM-5PM		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR [Signature] DRIVER [Signature]

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the Consignee/Third party Bill to be depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR [Signature]

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. Alter Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **100,000.00**

SHIPPER/CONSIGNOR [Signature]

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed [Signature] Truck Number 04

Witnessed [Signature] Date 12/14/18 Time
Name of Trucking Company

Sabre Representative [Signature]

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed [Signature] Company
Crew Foreman

Witnessed Date Time



Miscellaneous Shipment Authorization

Pack ID 308886	Customer PG&E	Site State CA	Site Name PO 3501176011 WPE
	Requested By drivers	Site Country	
Ship Date 12/14/2018	Arrive Date/Time 12/18/2018 12:00 AM	Model	Height 0.00

ShipmentType 4. CPU	Material To Ship Utility	Est Truck Loads	Ship From Bossier City
Cosignee PG&E	Contact Name\Phone\Cell Cameron Champion 530-360-6325	Ship Address 24500 Pit Powerhouse Rd. Fall River Mills, CA 96028	

Directions

SO#418351 PO#3501176011 Project name- PO# 3501176011 WPE Steel Pole

Please call 24 hours before delivery between the hours of 8AM-5PM

Contact: Cameron Champion (530) 360-6325

Line	Qty	Part Number	Description	Weight
		Order Number: 418351		
1	0	418351		0.00
2	1	418351-3539-B		1,387.00
3	1	418351-3536-T		1,281.00

Approved By: kharper

Total Weight:	2,668.00
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CH ROBINSON

800-311-2130 x 13

MSE-308886

RBTW

12/14/18

12/18/18 00:00

PG&E

Bossier City, LA
5031 Hazel Jones Road
Bossier City, LA 71111

X

24500 Pit Powerhouse Rd.

Fall River Mills CA 96028

Cameron Champion
530-360-6325

CH ROBINSON
2351 CONNECTICUT S
STE 300 SARTELL MN
56377

0 Load#: 0
0

2,668 0

0

0

1 *418351-1-1 Customer PO: 3501176011 PO Ln: 1 418351-3536-T

1,281

1 418351-1-1 Customer PO: 3501176011 PO Ln: 1 418351-3539-B

1,387

SO#418351 PO#3501176011 Project name- PO#
3501176011 WPE Steel Pole

Please call 800-344-4997 24 hours before delivery
between the hours of 8AM-5PM

100,000.00

Sabre Industries™

BILL OF LADING - Short Form. Not Negotiable

418579

Name of Carrier: Customer Pickup	Carrier Number: 800-325-8215	BOL No.
Carrier Code: CPUX	Pick-Up Date and Time: 12/26/18	Delv. Date and Time: 12/29/18
TO Consignee: Pacific Gas + Electric	From Shipper: Bossier city, LA	Send All Freight Bills To:
Street: 2592 South 5th AVE	5031 HAZEL	<input type="checkbox"/> Shipper
City/State: Oroville, CA	JONES Rd	<input checked="" type="checkbox"/> Consignee
Zip Code: 95965		<input checked="" type="checkbox"/> Third Party
Delivery/Special Instructions: CHARLENE Mcloed 209-943-1669		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418579-7-3-H2-65	948	
1	418579-6-1-	892	
1	418579-7-1-H2-65	940	
1	418579-6-2-H	892	
1	418579-7-2-H2-65	948	
1	418579-4-2-H-65 (PO# 3501176827)	798	
1	418579-8-1-H3-55	923	
1	418579-4-3-H1-65	798	
1	418579-4-1-H-65	798	
1	418579-5-1-H1-70	837	
1	418579-4-4-H1-65	798	
1	418579-3-2-H1-60	798	

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR **KH**

DRIVER **[Signature]**

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR **KH**

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ 15,461

SHIPPER/CONSIGNOR **KH**

PRE-SHIPPING/INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed **[Signature]** Driver Truck Number **213**

Witnessed **ASLAN Express** Date **12/28/18** Time

Sabre Representative **[Signature]**

POST-SHIPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed Crew Foreman Company

BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: Utley		Carrier Number: 800-325-0215	BOL No.
Carrier Code: CRUX		Pick-Up Date and Time: 12/26/18	Delv. Date and Time: 12/29/18
TO Consignee: Power Gas + Electric		From Shipper: Bossier City, LA	Send All Freight Bills To:
Street: 2892 South 5th Ave			<input type="checkbox"/> Shipper
City/State: DROVILLE, LA			<input checked="" type="checkbox"/> Consignee
Zip Code: 70645			<input type="checkbox"/> Third Party
Delivery/Special Instructions: CHARLENE McLoed 209-942-1669			

[illegible]

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR _____ DRIVER _____

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR _____

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. Alter Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$

SHIPPER/CONSIGNOR _____

PRE-SHIPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed _____ Truck Number _____
Driver

Witnessed _____ Date _____ Time _____
Name of Trucking Company

Sabre Representative _____

POST-SHIPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed _____ Company _____
Crew Foreman

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Load Verification Inspection

DATE: _____

BOL# _____

Job# _____

418579

Truck# _____

Check Box

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

Comments: _____

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector: _____

Forklift Driver (if Needed): _____

6542 7-3 7-2 4-1 1-1
6-1 4-2 5-1 3-1
7-1 8-1 4-4 2-1
6-2 4-3 3-2 9-2

16 base

1-55 H1

1-55 H1

3-11-60 5-10 H1
4-1-60 1-1-60 1-1-60
2-55 H3 2-55 H3 2-55 H3

Sabre Industries™**BILL OF LADING - Short Form. Not Negotiable**

418579

Name of Carrier: MARTINSON	Carrier Number:	BOL No. Load 1
Carrier Code: CPDX	Pick-Up Date and Time: 12/26	Delv. Date and Time: 1/21/8
TO Consignee: PG E	From Shipper: Bossier City LA 71111	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
Street: 2593 S. 5th Ave		
City/State: Oroville, CA	Zip Code: 95965	
Delivery/Special Instructions: Marlene McLeod 209 492-1661		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions				Weight	Miles
	PO H B500 350 11 70827				254.165	
1	1-1	C1	10	T		
1	2-1	H1	55	T		
1	3-1	H1	60	T		
1	3-2	H1	60	T		
1	7-3	H2	65	T		
1	10-1	H4	65	T		
1	4-1	H1	65	T		
1	4-2	H1	65	T		
1	4-3	H1	65	T		
1	4-4	H1	65	T		

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SHIPPER/CONSIGNOR

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. The shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$

SHIPPER/CONSIGNOR

PRE-SHIPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed X [Signature] Driver Truck Number 11 827

Witnessed Taylor Marie Name of Trucking Company Date 12/28/18 Time

Sabre Representative [Signature]

POST-SHIPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed Company

Crew Foreman

Witnessed Date Time

Name of Carrier:		Carrier Number:	BOL No.
Carrier Code:		Pick-Up Date and Time:	Delv. Date and Time:
TO Consignee:		From Shipper:	Send All Freight Bills To:
Street:			<input type="checkbox"/> Shipper
City/State: Zip Code:			<input type="checkbox"/> Consignee
Delivery/Special Instructions:			<input type="checkbox"/> Third Party

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	418579 170# 3501176827		
1	Q-1 H3.65 T		
1	Q-2 H2.55 T		
1	3-1 H1.70 T		
1	6-1 H2.55 T		
1	7-1 H2.65 T		
1	7-2 H2.65 T		
1	8-1 H3.55 T		
1	Q-2 H3.65 T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

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SHIPPER/CONSIGNOR _____ DRIVER _____

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR _____

Notify if problem arises in route or at delivery: Name _____ Transportation Manager _____ Telephone No. _____ After Hrs. No. _____

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ _____

SHIPPER/CONSIGNOR _____

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed _____ Truck Number _____
Driver

Witnessed _____ Date _____ Time _____
Name of Trucking Company

Sabre Representative _____

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed _____ Company _____
Crew Foreman

Witnessed _____ Date _____ Time _____



Load Verification Inspection

DATE: _____ BOL# _____ Job# _____ 519 Truck# _____ Check Box

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

Forklift Driver (if Needed):

1-1 4-1 5-1
2-1 4-2 6-1
3-1 4-3 7-1
3-2 4-4 7-2
7-3 9-1 8-1
10-1 6-2 9-2
18-Female
Sections

BILL OF LADING - Short Form. Not Negotiable

Sabre Industries 418687

Name of Carrier: CH Robinson	Carrier Number:	BOL No. Load 1
Carrier Code: CPUX	Pick-Up Date and Time: 12/26/18	Delv. Date and Time: 1/2/19
TO Consignee: PG&E	From Shipper: Bossier City	Send All Freight Bills To:
Street: 2593 S. 5th Ave	City/State: Oroville, CA	<input type="checkbox"/> Shipper
City/State: Oroville, CA	Zip Code: 95965	<input checked="" type="checkbox"/> Consignee
Delivery/Special Instructions: Maureen McLeod 209-442-1169	5031 Hazelburg	<input type="checkbox"/> Third Party

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions			Weight	Miles
	PO #3501176846			25K	125
1	4-1	M 75	B		
1	5-1	C1 80	B		
1	5-2	C1 80	B		
1	7-1	H2 85	B		
1	1-6	C1 60	B		
1	3-3	C1 70	B		
1	1-4	C1 60	B		
1	3-4	C1 70	B		
1	3-1	C1 70	B		
1	2-1	C1 65	B		
1	2-5	C1 65	B		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

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SHIPPER/CONSIGNOR *[Signature]* DRIVER *[Signature]*

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR *[Signature]*

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ 125

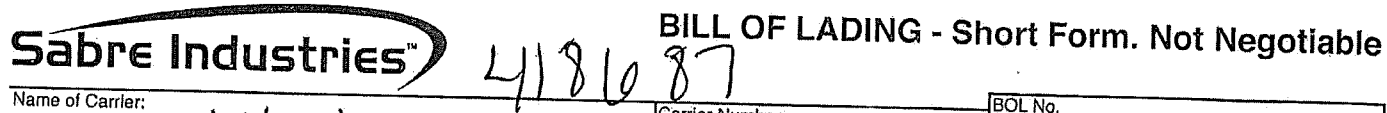
SHIPPER/CONSIGNOR *[Signature]*

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed *[Signature]* Driver *[Signature]* Truck Number LT 09
 Witnessed *[Signature]* Date 12/27/18 Time
 Name of Trucking Company EXP
 Sabre Representative *[Signature]*

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed Crew Foreman Company



Name of Carrier: Citi

Carrier Code: 1000

Carrier Number:	BOL No. Local 1
-----------------	--------------------

Carrier Code: CPHX

Pick-Up Date and Time: 12/9/11 11:00

Delv. Date and Time: 11/2/19

TO Consignee: DGA F

From Shipper: Rossier Uity

Send All Freight Bills To:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shipper	Consignee	Third Party

Street: 7593 E 5th Ave

City/State: Orville MI Zip Code: 49543

Zip Code:

Delivery/Special Instructions:

5031 Hazel
Jones Rd

Свойства металлов 209492110609

[illegible]

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

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SHIPPER/CONSIGNOR _____ DRIVER _____

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement:
The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR _____

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. _____ After Hrs. No. _____

Telephone No. _____

After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$

SHIPPER/CONSIGNOR _____

PRE-SHIPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed _____ Driver _____ Truck Number _____

Driver

Witnessed _____ Date _____ Time _____
Name of Trucking Company

Name of Trucking Company

Sabre Representative _____

POST-SHIPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed _____ Company.

—Crew Foreman



Load Verification Inspection

DATE: _____

BOL# _____

Job# 418687

Truck# _____

Check Box

- (1) Verify information on ID tag matches information on the section. 4-1 1-6 3-1 2-8
- (2) Verify all welds on the section are completed. 5-1 3-3 2-1 1-3
- (3) Verify there is no outer damage to the poles. 5-2 1-4 2-5 6-1
- (4) Check quality of surface finish. 7-1 3-4 2-4 1-3
- (5) Verify there are no loose items within the section.
- (6) Verify protective caps are in place where required. 16 male sections
- (7) Verify there is proper spacing and protection to prevent shipping damage.
- (8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.
- (9) Purple flag the trailer once the load has been verified as correct.

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

Anthony J. Jager

Forklift Driver (if Needed):

Sabre Industries™**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier: CPUX	Carrier Number:	BOL No. LOAD 2
Carrier Code: CH Robinson	Pick-Up Date and Time: 12/26	Delv. Date and Time: 1/2/19
TO Consignee: PG & E	From Shipper: Bossier City LA 71111	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street: 2593 S SHAW		
City/State: Oroville, CA Zip Code:		
Delivery/Special Instructions: Chaulem Mulead 492 1669	503 Hazel Jones	

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions				Weight	Miles
	PO# 3501176846					
1	1-4	CI	60	T		
1	1-3	CI	60	T		
1	1-1	CI	60	T		
1	1-5	CI	60	T		
1	1-1	CI	60	T		
1	1-6	CI	60	T		
1	1-7	CI	60	T		
1	1-2	CI	60	T		
1	3-1	CI	70	T		
1	3-2	CI	70	T		
1	3-3	CI	70	T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR Kung Harper DRIVER X

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR WA

Notify if problem arises in route or at delivery: Name _____ Transportation Manager _____ Telephone No. _____ After Hrs. No. _____

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ _____

SHIPPER/CONSIGNOR WA

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed X SC Driver Truck Number H 55

Witnessed Flying Bird Name of Trucking/Company Date 12/28/18 Time _____

Sabre Representative [Signature]

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed _____ Company _____

Crew Foreman

Witnessed _____ Date _____ Time _____

Name of Carrier: <u>Wayne C. Robinson</u>		Carrier Number:	BOL No.
Carrier Code: <u>CDUX</u>		Pick-Up Date and Time:	Delv. Date and Time:
TO Consignee: <u>P G & F</u>		From Shipper:	Send All Freight Bills To:
Street: <u>2593 S 5th Ave</u>			<input type="checkbox"/> Shipper
City/State: <u>Oroville, CA</u> Zip Code: <u>95963</u>			<input type="checkbox"/> Consignee
Delivery/Special Instructions:			<input type="checkbox"/> Third Party

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	<u>PO# 350 768410</u>		
<u>4-1</u>	<u>C1 75 T</u>	<u>1 5-1</u>	<u>C1 80 T</u>
<u>4-2</u>	<u>C1 75 T</u>	<u>1 5-2</u>	<u>C1 80 T</u>
<u>7-1</u>	<u>C1 85 T</u>	<u>1 2-7</u>	<u>C1 65 T</u>
<u>2-8</u>	<u>C1 65 T</u>	<u>1 2-5</u>	<u>C1 65 T</u>
<u>2-1</u>	<u>C1 65 T</u>	<u>1 2-6</u>	<u>C1 65 T</u>
<u>2-3</u>	<u>C1 65 T</u>		
<u>2-4</u>	<u>C1 65 T</u>		
<u>2-2</u>	<u>C1 65 T</u>		
<u>3-4</u>	<u>C1 70 T</u>		
<u>1-8</u>	<u>C1 60 T</u>		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR _____ DRIVER _____

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR _____

Notify If problem arises in route or at delivery: Name _____ Transportation Manager _____ Telephone No. _____ After Hrs. No. _____

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ _____

SHIPPER/CONSIGNOR _____

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed _____ Truck Number _____
Driver

Witnessed _____ Date _____ Time _____
Name of Trucking Company

Sabre Representative _____

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed _____ Company _____
Crew Foreman

Witnessed _____ Date _____ Time _____

Sabre Industries

BILL OF LADING - Short Form. Not Negotiable

418762

309159

Name of Carrier: CH Robinson	Carrier Number:	BOL No. Load 1
Carrier Code: CPUX	Pick-Up Date and Time: 12/26	Delv. Date and Time: 1/2/18
TO Consignee: PO F	From Shipper: Bossier City, LA 71111	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
Street: 2543 S. 5th Ave		
City/State: Orlando CA Zip Code: 95465		
Delivery/Special Instructions: Charlene McCool 209-492		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	418762 PO # 3301176797		
5-1	HI 70		
1-6	CI US		
1-1	CI 65	8 HI 65 T	
1-5	CI 65	14 CI 65 T	
1-4	CI 65		
4-3	HI 65		
4-2	HI 65		
1-12	CI 65		
4-1	HI 65		
1-10	CI 65		
1-8	CI 65		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR **[Signature]** DRIVER **[Signature]**

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR **[Signature]**

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$

SHIPPER/CONSIGNOR **[Signature]**

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed **[Signature]** Truck Number **H 114**

Witnessed **[Signature]** Date **12/27/18** Time

Sabre Representative **[Signature]**

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed Company

Crew Foreman

Sabre Industries

BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <u>Champion</u>		Carrier Number:	BOL No. <u>Load 1</u>
Carrier Code: <u>OPUX</u>		Pick-Up Date and Time: <u>12/26</u>	Delv. Date and Time: <u>1/2/18</u>
TO Consignee: <u>PGE</u>		From Shipper: <u>Bossier Liny</u>	Send All Freight Bills To:
Street: <u>2593 S. 5th Ave</u>		<u>LA 71111</u>	<input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
City/State: <u>Orville, CA</u> Zip Code: <u>95965</u>		<u>5031 Hazel Jones</u>	
Delivery/Special Instructions: <u>Charlene McLeod 809-442-1601</u>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions			Weight	Miles
1	1-14	C1	US DO 35011 76 297		
1	4-9	H1	US		
1	4-8	H1	US		
1	1-9	C1	US		
1	1-11	C1	US		
1	4-7	H1	US		
1	1-13	C1	US		
1	1-7	C1	US		
1	1-3	C1	US		
1	4-4	H1	US		
1	1-2	C1	US		
1	4-5	H1	US		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR [Signature] DRIVER [Signature]

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR [Signature]

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ [Signature]

SHIPPER/CONSIGNOR [Signature]

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed [Signature] Driver Truck Number

Witnessed Date Time
Name of Trucking Company

Sabre Representative

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed Company
Crew Foreman

Sabre - FWT

30115A

Load Verification Inspection

DATE: 12-19-18

BOL#

[Signature]

Job# 418767

Truck#

Check Box

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

41 70
1-13
1-14
1-7
1-3
4-3
4-2
4-8
4-4
1-6
1-12
1-9
1-2
1-1
1-10
1-11
1-5
1-8
4-7
4-5
1-4
23 Female sections

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

[Signature]

Forklift Driver (if Needed):

Sabre Industries™**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier: CH NO PINJON	Carrier Number: 418762	BOL No. 3091160
Carrier Code: CPUX	Pick-Up Date and Time: 12/26	Delv. Date and Time: 1/2
TO Consignee: PGLE	From Shipper: Bossier City LA 71111	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
Street: 2593 E. 5th Ave		
City/State: Orville, CA	Zip Code: 95965	
Delivery/Special Instructions: Michelle McLeod 2094921069		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions				Weight	Miles
	POH 350 117 679 T				25K	1125
1	1-10	C1	65 T	418762		
1	1-14	C1	65 T	5 C1 65 T		
1	1-9	C1	65 T	5 H1 65 T		
1	1-1	C1	65 T			
1	1-4	C1	65 T			
1	4-5	H1	65 T			
1	1-6	C1	65 T			
1	1-13	C1	65 T			
1	1-3	C1	65 T			
1	4-7	H1	65 T			

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR **[Signature]**DRIVER **[Signature]**

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR **[Signature]**Notify if problem arises in route or at delivery: Name **Transportation Manager** Telephone No. **After Hrs. No.**AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **114**SHIPPER/CONSIGNOR **[Signature]**

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed **[Signature]** Driver **Truck Number** **41813**Witnessed **[Signature]** Date **12/28/18** Time **12:00**

Name of Trucking Company

Sabre Representative **[Signature]**

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed **[Signature]** Company **[Signature]**

Crew Foreman

**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier:		Carrier Number:	BOL No.		
Carrier Code:		Pick-Up Date and Time:	Delv. Date and Time:		
TO Consignee:		From Shipper:	Send All Freight Bills To:		
Street:			<input type="checkbox"/> Shipper	<input type="checkbox"/> Consignee	<input type="checkbox"/> Third Party
City/State:					
Zip Code:					
Delivery/Special Instructions:					

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	PO # 3501176797		
4-4	H1 65 T		
4-8	H1 65 T		
1-12	C1 65 T		
4-1	H1 65 T		
1-5	C1 65 T		
1-10	C1 65 T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR _____ DRIVER _____

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR _____

Notify if problem arises in route or at delivery: Name _____ Transportation Manager _____ Telephone No. _____ After Hrs. No. _____

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ _____

SHIPPER/CONSIGNOR _____

PRE-SHIPPING INSPECTION. I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed _____ Truck Number _____
Driver

Witnessed _____ Date _____ Time _____
Name of Trucking Company

Sabre Representative _____

POST-SHIPPING INSPECTION. I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed _____ Company _____
Crew Foreman

Witnessed _____ Date _____ Time _____
Driver